

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90055 004 ***150.00

DOCUMENT # P98000017438

1. Entity Name

BISCAYNE CAPITAL MANAGEMENT, INC.

Principal Place of Business

**1650 SE 17TH STREET CAUSEWAY
 SUITE 204
 FORT LAUDERDALE FL 33316**

Mailing Address

**1650 SE 17TH STREET CAUSEWAY
 SUITE 204
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

912 E. Broward Blvd.

Suite, Apt. #, etc.
Suite C

3. Mailing Address

912 E. Broward Blvd.

Suite, Apt. #, etc.
Suite C

City & State

Ft. Lauderdale, FL 33301

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0818968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.
 1650 SE 17TH CAUSEWAY,
 SUITE 204
 FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

Thomas J. Ryan III

Street Address (P.O. Box Number is Not Acceptable)

912 E. Broward Blvd., Suite C

City

Ft. Lauderdale, FL

Zip Code

33301

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Thomas J. Ryan III

4/18/02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **RYAN, THOMAS**
 STREET ADDRESS **1650 SE 17TH ST., SUITE 204**
 CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas J. Ryan, Pres.

954 761-8595

4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)